NOTICE OF ACTION COME 60-MONTH TIME LIMIT (Continued)

COUNTY OF

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date	:	
Case Name		
Name	:	
Number	:	

ADULT REACHED CalWORKS 60-MONTH TIME LIMIT

Monthly Cash Aid Amount									
Sec	ction A.	Countable Income, Month of							
Sel	f-Employment Ex 40% Standard	d or Actual	-						
Net	Earnings from S	elf-Employment	=						
(As Tim \$22 No	sistance Unit + N ned Out Persons) 25 Disregard nexempt Unearne	d Unearned Income Ion-Assistance Unit Members + ed Disability-Based Income	=						
Tot	al Earned Income)	\$						
Ne	Earnings from S	elf-Employment (from above)	+						
		225 Disregard (from above)							
		egard 50%							
Sul	ototal		=						
	•	ed Disability-Based Income							
		come (Assistance Unit + Non-	+						
•	•	Members + Timed Out Persons)	+						
-			+						
Ne	Countable Inco	me	=						
Se	ction B.	Your Cash Aid, Month of							
1.	Maximum Aid _								
	`	t + Non-Assistance Unit Members Not Out Persons)							
2.	_	Assistance Unit + Non-Assistance	Ψ						
	Unit Members N	lot Including Timed Out Persons)							
3.		ncome from Section A							
4. 5.		Persons (Assistance Unit only)	=						
Э.		and Penalized Persons)	\$						
6.	,	Assistance Unit only)							
7.		ubtotal	=						
8.	Full Month Aid								
9.		4 or 7, Whichever is Less) for Part of Month							
		ort Penalty(ies)							
	Overpayment								
		Ity(ies)							
		S							
14.	wonthly Cash I	Aid Amount	=						

EXEMPT MONTHS											
The following months did <u>not</u> count toward your CalWORKs 60 month time limit:											
Year	Jan	Feb	Mar	Apr	May	June					
	July	Aug	Sept	Oct	Nov	Dec					
Year	Jan	Feb	Mar	Apr	May	June					
	July	Aug	Sept	Oct	Nov	Dec					